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COVID-19, social distancing and its impact on social and mental health of elderly population
Impact of lockdown on home and residential care for elderly

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Preventions measures to prevent the spread of COVID-19 start on 24 th of february following the first case diagnosed in our province.

We immediately close the activities of the Meeting Centers and Alzheimer Cafés managed by us, involving people with dementia living at home, attended by a total of 200 elderly people.

The people who attended these centers after two weeks of isolation at home, contacted by the psychologists, showed difficulties in organizing the day, lack of interests and an apparent cognitive decline; at the same time the family caregivers, who found themselves isolated, highlighted considerable difficulties to give adequate motivations and in some cases to manage behavior problems.

For them we have organized a remote support system, with phone calls and video calls directed to persons with dementia and family members, supported by the psychologists of the centers. We also sent them, by emails, daily exercises for memory, movement or music, with videos made by us so that they could recognize us and we could keep in touch with them. After a month of activity, our support initiative turned out to be revitalizing, very appreciated by people and of great help for family members, who did not feel alone but accompanied during this difficult path.

In the two facilities nursing homes for the elderly that we manage, with 65 and 30 residents, we immediately stopped all groups activities, closed the facilities to family members, reorganized the daily care activities to avoid meetings in the common areas, kept the elderly in their rooms. All the workers immediately wore the surgical masks, but these did not prove to be an obstacle to communication with the elderly because the operators overcome the limits in verbal communication, using meta-communication such as the looks, the gestures; we noticed also that the elderly people are more attentive focused and use eye contact. In these two months, the functional isolations, necessary for people in quarantine or established cases, were also made.

People suffered a lot from the absence of family members in this long period and the reduction of recreational and group activities. The response was different, from person to person, those who used to spend a lot of time with family members suffered the most, and people who are in an advanced stage of illness, for instance Parkinson, were unable to fully benefit from the phone calls and video calls used to maintain contacts with family members. These people today appear dull, sad and resigned, in some cases they lose appetite with an evident weight loss. People, who used to carry out routine activities that gave a routine to their day, suffered from not being able to do it, today they are disoriented, confused and unmotivated. Even those who have always enjoy physical contact, they suffered because they couldn't receive a hug from the assistant. Some have had episodes of anger and irritability. In summary, it could be said that this form of sensory social isolation, deriving from various factors, has had an evident impact on people's mood.

I would like to underline the intervention made to handle the COVID patients, who in our facility were only six and fortunately did not have a serious state of illness that required being recovered at the hospital. With the support of the territorial specialist team of the AUSL of Romagna, Rimini's branch, made by Infectious diseases specialist and Pulmonologist, who supported the doctor in clinical management, we treated people in their environment, with the advantage of knowing their needs well, we could pay particular attention to the welfare aspects such as nutrition, hydration, the relationship with known staff members. This had great importance for people.

Right now we are organizing activities that can reactivate and impact on the mood state, such as short walks in the garden one at a time, musical activities, while maintaining physical distance. We hope to bring the family back as soon as possible with all the necessary attention to protect from the risk of infection, to be able to restore social contact that has a great impact on well-being.